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TO:	FROM:
Mail Stop Amendments	Jason D. Kelly
COMPANY:	DATE:
U.S. Patent & Trademark Office	MARCH 30, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1023-226US01
RE:	APPLICATION SERIAL NUMBER:
Supplemental Information Disclosure Statement	10/696,494

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeffrey M. Sieracki; Confirmation No. 5736  
Kim R. Fowler;  
Richard B. North  
Serial No.: 10/696,494  
Filed: October 29, 2003 Customer No.: 28863  
Examiner: Unknown  
Group Art Unit: 3762  
Docket No.: 1023-226US01  
Title: DISTRIBUTED SYSTEM FOR NEUROSTIMULATION THERAPY  
PROGRAMMING

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CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on March 30, 2006.

By: Shirley A. Berlach  
Name: Shirley A. Berlach

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments  
Commissioner for Patents  
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits the references listed on the attached form PTO-1449. This statement is being filed, to the best of Applicant's knowledge, before the receipt of a first Office Action on the merits.

Copies of the U.S. patents are not enclosed as this requirement has been waived by the U.S. Patent Office.

Respectfully submitted,

Date: 3/30/06

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By: Jason D. Kelly  
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**Date Mailed: March 30, 2006**

Page 1 of 1

<b>INFORMATION DISCLOSURE STATEMENT</b> <b>IN AN APPLICATION</b> (Use several sheets if necessary)		Docket Number: <b>1023-226US01</b>		Application Number: <b>10/696,494</b>	
		Applicant: <b>Jeffrey M. Sieracki; Kim R. Fowler; Richard B. North</b>			
		Filing Date: <b>October 29, 2003</b>		Group Art Unit: <b>3762</b>	
		Examiner Name: <b>Unknown</b>			
U.S. PATENT DOCUMENTS					
Examiner Initial	Document Number	Issue/Document Publication Date	Name	Filing Date If Appropriate	
	6,609,032 B1	08/19/2003	Woods et al.		
	6,659,968 B1	12/09/2003	McClure		
FOREIGN PATENT DOCUMENTS					
Examiner Initial	Document Number	Publication Date	Country	Translation	
				Yes	No
OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)					
EXAMINER			Date Considered		

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Based on Form PTO-FB-A820  
(Also form PTO-1449)

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